



STATE OF MARYLAND

# DHMH

**Maryland Department of Health and Mental Hygiene**  
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## May 12, 2008

### Public Health & Emergency Preparedness Bulletin: # 2008:18

### Reporting for the week ending 05/03/08 (MMWR Week #18)

#### CURRENT HOMELAND SECURITY THREAT LEVELS

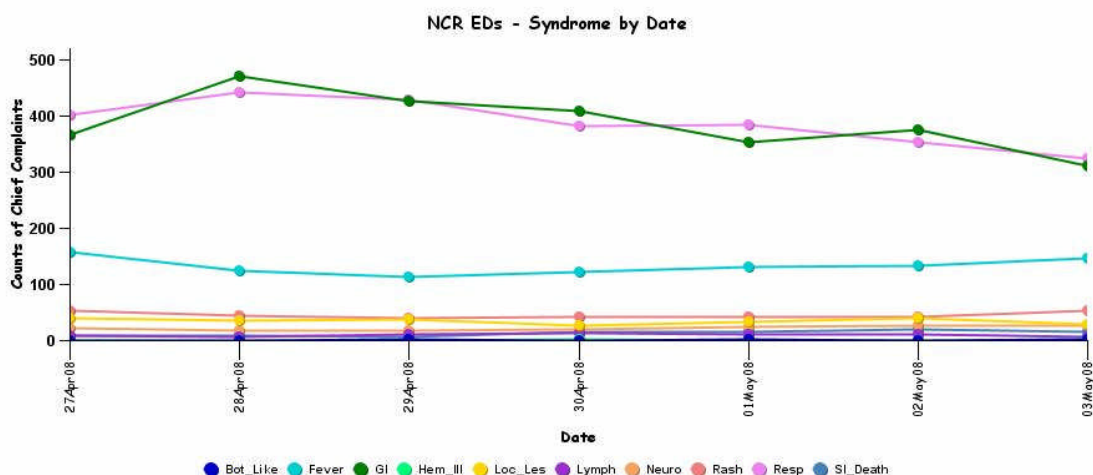
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

#### SYNDROMIC SURVEILLANCE REPORTS

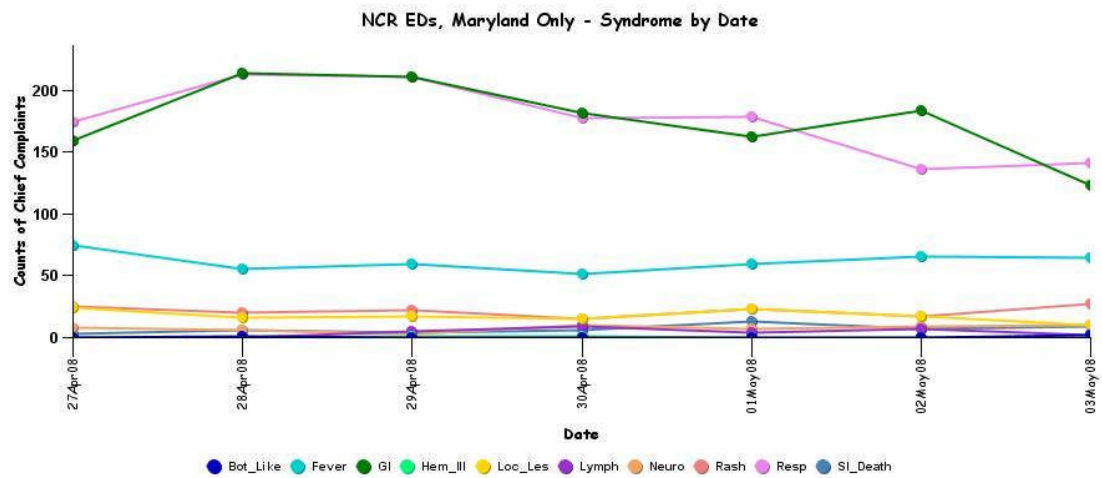
##### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

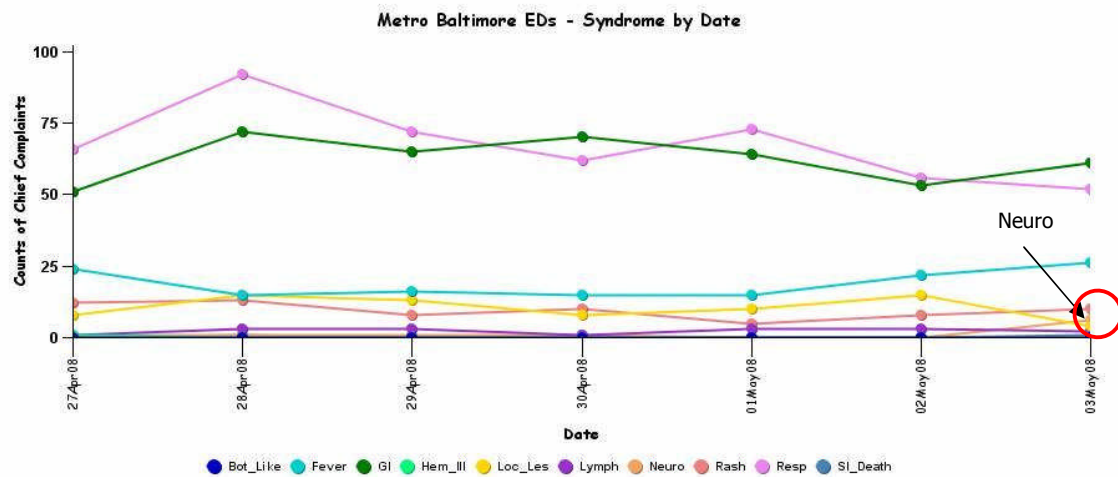
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



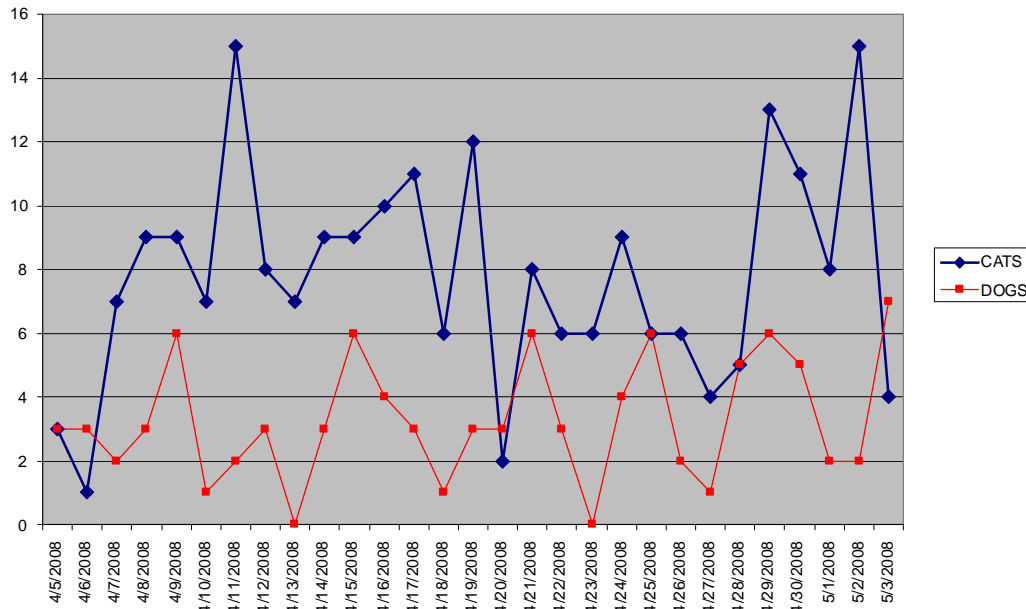
\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

**Dead Animal Pick-Up Calls to 311**

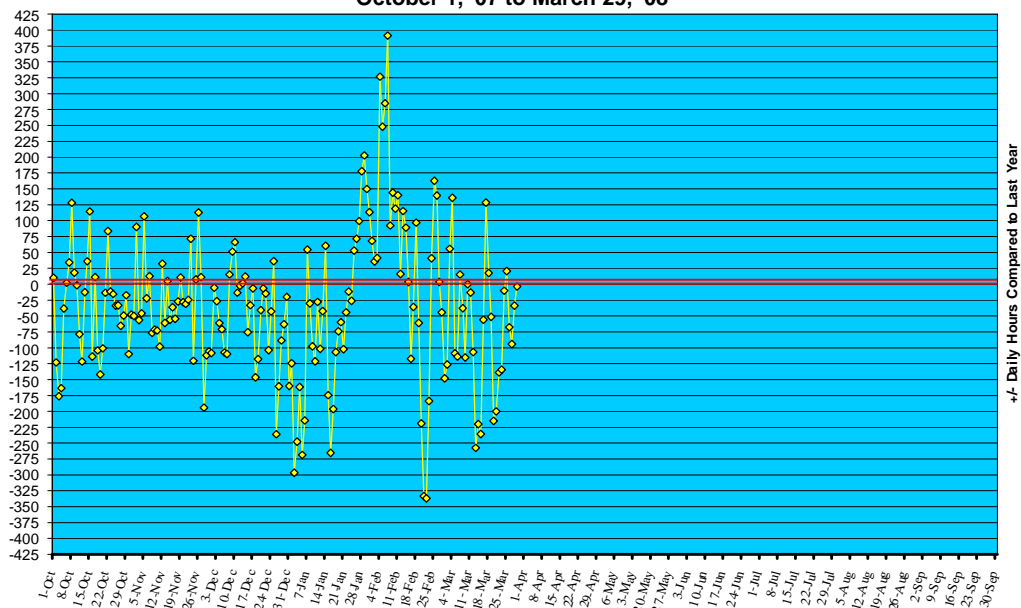


## REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.

\*Note: No new data available at this time.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '07 to March 29, '08**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in April 2008 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Apr 27 – May 3, 2008):	11	-
Prior week (Apr 20 - 26, 2008):	17	0
Week#18, 2007 (Apr 28 – May 4, 2007):	14	0

### **OUTBREAKS: 2 outbreaks were reported to DHMH during MMWR Week 18 (April 27-May 3, 2008):**

#### **1 Gastroenteritis outbreak**

1 outbreak of GASTROENTERITIS associated with a Nursing Home

#### **1 Respiratory illness outbreak**

1 outbreak of RESPIRATORY ILLNESS associated with an Assisted Living Facility

## **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May. To date this season, there have been 3638 lab confirmed influenza cases in Maryland. Maryland's influenza activity level for this week is LOCAL.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

**WHO update:** As of April 30, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 382, of which 241 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

**AVIAN INFLUENZA, SWAN (Japan):** 29 Apr 2008, On Tuesday Apr 29 Japan confirmed 4 swans found last week were infected with the H5N1 strain of bird flu. It was the first case of bird flu in Japan since March 2007 when the highly virulent H5N1 strain was found in a wild bird in Kumamoto prefecture on Japan's southern Kyushu Island. The swans, 3 of which had died, were found on the shores of Lake Towada in northern Akita prefecture on Apr 21, the prefectural government said. Inspectors had initially detected the H5 subtype of bird flu in the dead swans and conducted further tests, the local government said on Apr 28. Japan has been stepping up checks of birds after a series of bird flu outbreaks in South Korea over the past month. There are no chicken farms within a 10 km radius of the area where the swans were found, and no unusual incidents were noted at other farms. Local authorities plan to conduct on-site inspections on Wednesday Apr 30 and Thursday May 1 at 15 farms within a radius of 30 km of the site where the swans were found, the official said. Earlier on Tuesday Apr 29, South Korea reported a suspected bird flu outbreak at a chicken farm in Ulsan City which, if confirmed, would be the first in the southeast, as the country grapples with its worst outbreak of avian influenza. South Korea previously confirmed 20 cases of the H5N1 strain in poultry in less than a month, despite having killed more than 5 million chickens and ducks, as the virus spreads at its fastest rate since the country reported its first case in 2003. No human deaths from the disease have been reported in South Korea or Japan.

**AVIAN INFLUENZA, LPAI H7 (Denmark):** 29 Apr 2008, Some 2000 chickens and ducks had to be slaughtered in Fyn in Denmark on Tuesday Apr 29 after a routine test uncovered a strain of bird influenza, putting Norwegians on high alert. Norway is keeping close contact with the Danish animal health authorities and continues to have a ban on fowl being allowed freedom to go outdoors (except under a roof and surrounded by netting), writes newspaper Aftenposten. This is the first time in 2 years that the bird flu has been found in Denmark and the agricultural authorities have put an export ban in place for the time being. Although it was dramatic for the farmers affected, the Danish veterinary authorities tried to keep things calm, pointing out that the bird flu strain found is not the most dangerous one, the H5N1 influenza. In the end of December 2007, there was an outbreak of the dangerous strain of bird flu in both Poland and Germany. Meanwhile, anybody who finds a dead bird in Norway is encouraged to report it to the state food inspectorate Mattilsynet.

## **NATIONAL DISEASE REPORTS:**

**BOTULISM, PESTO, RECALL (Multi State):** 29 Apr 2008, Bella Cucina is recalling 6-ounce glass jars of porcini and parmesan pesto, because of the potential for bacterial contamination. The pesto's pH is higher than it should be and as a result the jars could harbor *Clostridium botulinum*. This bacterium can produce the toxin that causes botulism, a potentially fatal form of food poisoning. No illnesses have been reported. The pesto was sold through mail orders and in stores around the country in jars marked with lot numbers 0081028 and 0081018. Details by phone at 678-539-8400. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

## **INTERNATIONAL DISEASE REPORTS:**

**CHEMICAL CONTAMINATION, SUNFLOWER OIL (Spain):** 28 Apr 2008, Spain's Health Ministry has warned against consuming sunflower oil following the discovery of a contaminated batch from Ukraine, national radio said on Friday Apr 25. The oil was said to be contaminated with aliphatic hydrocarbons. The Ministry said there was no risk to the public but urged caution until it could determine which brands were affected and recall all oil concerned. Ministry officials were not immediately available for comment. Contaminated rapeseed oil was blamed for the death of some 1200 people in 1981 in Spain's worst food poisoning epidemic. Victims and their families were still claiming compensation and holding demonstrations 20 years later. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHIKUNGUNYA (Malaysia):** 28 Apr 2008, A total of 16 people in Kampung Ulu Choh in Johor state have been diagnosed with chikungunya, a viral fever with symptoms similar to dengue. Women and Family Development, Welfare

and Health state Committee chairman, Dr Robia Kosai, said the victims were infected by the viral fever 2 weeks ago. It was confirmed on Thursday Apr 24 that it was chikungunya. "It is under control and was not classified as an outbreak," she said. Dr Robia said patients would suffer viral fever, including joint pains and measles-like rashes. Since the virus is spread by the Aedes mosquito, the same mosquito that carries the dengue virus, preventive measures such as fogging and health checks are conducted by the state Health Department in targeted areas. "We are urging the public to keep their homes and surrounding areas clean and free from containers which can be an Aedes-breeding ground," she said. She added that those who suffered from prolonged fever with rashes should seek treatment at hospitals. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHIKUNGUNYA (Taiwan):** 28 Apr 2008, Taoyuan county health officials confirmed Wednesday Apr 23 the first chikungunya fever case this year in the northern county. The officials said the victim is a 58-year-old Taiwanese businessman who traveled to Shanghai on Mar 26 – Apr 9 and then proceeded to Jakarta, Indonesia on Apr 9 – 19. He was found to have a fever when he passed through the screening station at the airport and further tests confirmed that he had been infected with chikungunya fever virus. His condition improved after treatment, the officials added. Lin Hsueh-jung, health chief of Taoyuan County, said the chikungunya virus (CHIKV) is transmitted to humans through the bite of the Aedes mosquito and causes an illness with symptoms similar to those of dengue fever. The acute febrile phase of the illness lasts only 2-5 days, but the pain associated with CHIKV infection of the joints persists for weeks or months. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, HUMAN, LIVESTOCK (Mongolia):** 29 Apr 2008, According to Mongolian media reports, a herdsman in Erdenemandal sum district in Mongolia's Arkhangai Province contracted anthrax recently. On Apr 20, when the patient sought treatment at the Arkhangai Province Infectious Disease Hospital, physicians diagnosed possible anthrax infection. To prevent spread of the disease, relevant agencies vaccinated 11 neighboring herdsman and 4500 heads of livestock, and implemented quarantine measures. Later, tests at the Mongolian National Infectious Disease Research Center confirmed that the patient had contracted anthrax. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHIKUNGUNYA (Sri Lanka):** 29 Apr 2008, Over 2000 families in 3 areas in the Ratnapura district have been affected by chikungunya while 500 patients with fever sought treatment at the Eheliyagoda hospital Thursday Apr 24, a Healthcare and Nutrition Ministry spokesman said. The Ministry also warned of possible outbreaks of diseases like dengue, malaria, and filaria following the rains the country is experiencing. He said the Ministry has made arrangements to control the outbreak under the direction of minister Nimal Siripala de Silva. "The Ministry alone cannot control any outbreak without public cooperation. Of 75 blood samples collected from the patients in Eheliyagoda, Kiriella, and Kuruwita, 68 tested positive for chikungunya," the spokesman said. The Ministry has sent drugs, vehicles, and doctors to Eheliyagoda hospital. Doctors from the Epidemiology Unit, Colombo, Medical Research Institute, Colombo, and Malaria Control Programme are included in the team now in the affected areas. According to the spokesman, the Ministry has already taken steps to control the very high mosquito density in the affected area and commenced fogging on Apr 27. Apart from fogging, the Ministry launched an awareness campaign covering all homes through PHIs on the importance of destroying mosquito-breeding places. Ratnapura district is severely affected by diseases spread by mosquitoes as it has a large number of abandoned gem mines while the number of mines used to dig soil to produce bricks is also significantly high. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

**CRIMEAN-CONGO HEMORRHAGIC FEVER (Russia):** 30 Apr 2008, The press service of the Regional Centre of the Ministry of Emergencies has informed a correspondent of Tatar-Info that a patient with Crimean-Congo hemorrhagic fever (CCHF) died on Sunday Apr 27. He was admitted to the hospital intensive care unit in a severe condition and died several days later. Three people who had close contact with the patient are in the hospital now for observation. Another 25 people who had some contact with the patient are now under surveillance. Healthcare workers are carrying out home visits to identify suspected cases. There are 6000 people living in 600 households. Blood specimens have been taken from all contact persons and sent to the Stavropol Research Anti-plague Institute. As of 6 a.m. Monday Apr 28, there are no new cases. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, HUMAN, SUSPECTED (Russia):** 30 Apr 2008, The people in Volgograd started to worry after Rospotrebnadzor (Territorial Directorate of the Federal Services for Consumer Protection and Human Welfare) received a call on Apr 17 saying that 2 persons had acquired anthrax in the region after slaughtering a cow. An investigation is being carried out in this region and a market was closed in Volgograd. Specialists do not confirm the risk for infection but they are far from any conclusion. The authorities announced that the information about the anthrax cases was not confirmed. However, full disinfection was carried out in the market. The meat trade resumed with low activity, as the freezing facility will resume work after Apr 27. It is expected that after it officials will clearly confirm or reject the case of outbreak. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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